

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 29-APR-2014		TIME 20:31:00		2. ADDRESS OF OCCURRENCE 941 W 53RD ST CHICAGO, IL 60609			3. LOCATION CODE 092		4. BEAT/OCCUR 0934		
5. POSITION 9161		6. LAST NAME VAHL		7. FIRST NAME ROBERT A		8. STAR NO. 7350		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
11. AGE 600		12. HT. 230		13. WT. 230		14. DATE OF APPT. 29-NOV-1999		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 009 0962E	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		20. LAST NAME SCOTT		21. FIRST NAME LAWRENCE		22. M.I.	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 20-SEP-1992		26. HT. 508		27. WT. 140		28. ADDRESS 5246 S SANGAMON ST CHICAGO, IL 60609	
29. TELEPHONE NO.		30. WAS SUBJECT ARMED? FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? MERCY HOSPITAL AND MEDICAL CENTER		34. BY WHOM?	
35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		<input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED 725 ILCS 5.0/110-10-A-4, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/31-1-A, 720 ILCS 55		37. CB NO. 18884036		38. IR NO.		39. DNA	
40. PASSIVE RESISTER		41. ACTIVE RESISTER		42. ASSAILANT: ASSAULT		43. ASSAILANT: BATTERY		44. ASSAILANT: DEADLY FORCE		45. SUBJECT'S ACTIONS	
<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION		<input checked="" type="checkbox"/> FLED		<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY		<input type="checkbox"/> ATTACK WITH WEAPON		<input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM		<input type="checkbox"/> WEAPON	
<input type="checkbox"/> STIFFENED (DEAD WEIGHT)		<input type="checkbox"/> PULLED AWAY		<input type="checkbox"/> OTHER		<input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
46. MEMBER'S RESPONSE		47. MEMBER'S RESPONSE		48. MEMBER'S RESPONSE		49. MEMBER'S RESPONSE		50. MEMBER'S RESPONSE		51. MEMBER'S RESPONSE	
<input checked="" type="checkbox"/> MEMBER PRESENCE		<input type="checkbox"/> OPEN HAND STRIKE		<input type="checkbox"/> ELBOW STRIKE		<input type="checkbox"/> KNEE STRIKE		<input type="checkbox"/> FIREARM		<input type="checkbox"/> OTHER	
<input checked="" type="checkbox"/> VERBAL COMMANDS		<input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING		<input type="checkbox"/> CLOSED HAND STRIKE/PUNCH		<input type="checkbox"/> KICKS		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> ESCORT HOLDS		<input type="checkbox"/> OC CHEMICAL WEAPON		<input type="checkbox"/> IMPACT WEAPON (Describe in Box 40)		<input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> WRISTLOCK		<input type="checkbox"/> CANINE		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> ARMBAR		<input type="checkbox"/> TASER (Probe Discharge)		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> PRESSURE SENSITIVE AREAS		<input type="checkbox"/> TASER (Contact Stun)		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> CONTROL INSTRUMENT		<input type="checkbox"/> TASER (Laser Targeted)		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION		<input type="checkbox"/> TASER (Spark Displayed)		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER	
52. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		53. ADDITIONAL INFORMATION		54. POSITION		55. STAR NO.		56. UNIT		57. WEAPON TYPE	
58. WEAPON TYPE		59. INCIDENT OCCURRED		60. LIGHTING CONDITIONS		61. WEATHER CONDITIONS		62. RAIN		63. WEAPON TYPE	
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	
64. MAKE/MANUFACTURER		65. MODEL		66. BARREL LENGTH		67. CALIBER/GAUGE		68. TASER DART ID NO.		69. WEAPON SERIAL NO. (Include Letters)	
70. CHICAGO GUN REG. NO.		71. IL FIREARM OWNER ID. NO.		72. HANDGUN CERTIFICATE NO.		73. SPECIAL WEAPON CERTIFICATE NO.		74. PROPERTY INVENTORY NO.		75. TYPE OF AMMUNITION USED	
76. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		77. TOTAL NO. OF SHOTS MEMBER FIRED		78. WHO FIRED FIRST SHOT		79. WAS FIREARM RELOADED DURING INCIDENT		80. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED		81. HOW WAS MEMBER'S HANDGUN WORN	
82. HOW WAS MEMBER'S HANDGUN DRAWN		83. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		84. DID MEMBER USE SIGHTS		85. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		86. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED		87. POSITION OF MEMBER DISCHARGING WEAPON	
88. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON		89. 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN <input type="checkbox"/>		90. 01 SITTING <input type="checkbox"/> 02 KNEELING <input type="checkbox"/> 03 OTHER (SPECIFY)		91. NOTIFICATIONS (OC OR TASER INCIDENT):		92. NOTIFICATIONS (FIREARM INCIDENT):		93. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.	
94. REPORTING MEMBER (Print Name)		STAR/EMPLOYEE NO.		SIGNATURE		74. REVIEWING SUPERVISOR (Print Name)		STAR NO.		DATE REVIEWED	
VAHL, ROBERT A		7350				GENTILE, WILLIAM F		1399		29-APR-2014 22:45:56	
29-APR-2014 22:39:22											

LOG # 1071109

Attachment # 8

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Subject agreed to speak to R/Lt regarding his arrest. The subject related that he ran from the police because he had a bag of weed and already has a court date coming up for weed. He further states that while trying to get away he fell off the top of the fence hitting his head.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all the information at this time the R/Lt finds that the officer acted within department guidelines

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RYLE, JAMES P

SIGNATURE

DATE COMPLETED TIME

29-APR-2014 23:11:37

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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